Name in Full: Rufus Wilson Alexander

Certificate of Death

Died at: Town: Zion County: Cecil MARYLAND

Date 1899 Month: Jul Day: 7 Age Y. 13 M. 5 D. Native of: Md Occupation: Child

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: Chas Alexander Mother's Name: Jennie

Cause of Death: Primary: Consumption How long sick: 2 yrs

Immediate: Exhaustion Accident, Suicide, Homicide

Reported by: D L Gifford

Address: Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Araminta Cooper Colvin

Died at Town Cecilton County Cecil MARYLAND

Date 1899 Month 7 Day 6 Age Y. 59 M. 10 D. 5 Native of Cecilton Occupation House wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband ~~Wife~~ of Wm Polk Colvin

Father's Name Josiah Hall Mother's Name Elminah Ford

Cause of Death Primary Phthisis Pulmonalis How long sick 14 months

Immediate Debilitas ~~Accident, Suicide, Homicide~~

Reported by J. H. Hardcastle

Address Cecilton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Mrs. Angeline Dixon

Died at Town Port Deposit County Cecil MARYLAND

Date 189 9 Month 7 Day 15 Age Y. 80 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death Primary infirmities of old age

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Ethig 7-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full

Certificate of Death

Wm Fields —

Died at Town: Elkton Pail County: Cecil MARYLAND

Date 1899 Month: 7 Day: 25 Age Y. M. D.: 20 years Native of: Baltimore Occupation: Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

152 G

Father's Name: Said had a sister living in Balt — Mother's Name:

Cause of Death: Primary: Stab wd. of right breast — How long sick: 16 dys —

Immediate: Traumatic Pleuro Pneumonia with abundant serous effusion - also post mortem — ~~Accident~~ ~~Suicide~~ Homicide

Reported by: Mr H J Amar

Address: Elkton — Md —

Evidences of profuse hemorrhage in pleural cavity from wd. of pulmonary vessels — no cough or bloody expectora —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 66968

Name in Full Job M Frazier

Certificate of Death

Died at Town 4th Dist County Cecil MARYLAND

Date 1899 Month July Day 24 Age Y. 70. M. D. Native of Del Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 7

Husband of Wife —

Father's Name Emery Frazer Mother's Name Rebecca Frazer

Cause of Death Primary Softening of Brain How long sick 8 mos

Immediate Paradysis 43 ~~Accident, Suicide, Homicide~~

Reported by C Henry M.D.

Address Newark Del

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Miss Caroline Sulton

Died at Town: W. Elkton County: Cecil MARYLAND

Date 189 9 | Month 6 Day 29 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White / ~~Colored~~ | ~~Married~~ Singla | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of

Wifa

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immadiate } | How long sick

Accident, Suicide, Homicide

Reported by Cecil Dem.

Address 7-1st

Must be signed by physician, if any in attendance, otherwise by coronar, undertakar or ministar.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Katie Ketzle

Died at Town: Conowingo — County: Cecil — MARYLAND

Date 1899 Month: J Day: 2 | Age Y. 35 M. 4 D. 20 | Native of Germany | Occupation Home wife.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living J~

~~Husband~~ Wife of John Ketzle

Father's Name Michael Bowers | Mother's Name Catherine Bowers

Cause of Death — Primary: Anaemia & Abortion — How long sick 14 days.

Immediate: Heart Failure 123

Accident, ~~Suicide~~, ~~Homicide~~

Reported by J M Ragan M.D.

Address Conowingo Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full ... ate ... Death

Lyzetta Milburn

Town County

Died at Elkton Cecil MARYLAND

Date 189 9 Month July Day 4 | Age Y. — M. 4 D. — | Native of Md | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name R. Milburn Mother's Name Gertrude Coleman

Cause of Death Primary Inanition How long sick several weeks

Immediate — 139 ~~Accident, Suicide, Homicide~~

Reported by Jno. W. Cooper, Jr. Md

Address Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Raymond Mowbray

Certificate of Death

Died at Port Deposit (Town) County Cecil

MARYLAND

Date 189 9 Month July Day 12 | Age Y. 3 M. 24 D. | Native of Md | Occupation Child

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of

Father's Name E. T. Mowbray

Mother's Name Rachel Mowbray (Dead)

Cause of Death: Primary Marasmus 82 | How long sick 2 mo

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by H. E. Clemmons

Address Port Deposit Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full William T Miller

Certificate of Death

Died at Mechanics Valley (Town) Cecil (County) MARYLAND

Date 189 9 Month July Day 11 Age Y. 77 M. D. Native of Md Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 15—

Husband of Wife Annie Whitson

Father's Name Thomas Miller Mother's Name Annie Simpers

Cause of Death Primary Softening of Brain How long sick 4 yrs

Immediate Paralysis 42 Accident, Suicide, Homicide

Reported by D. S. Gifford Md

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Lewis Montgomery

Certificate of Death

Died at Town Ansons Asylum County Cecil MARYLAND

Date 1899 Month July Day 1 Age Y. 86 M. D. Native of Occupation Cooper

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

1441

Cause of Death Primary General debility

Immediate

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by B. Hunter Keeper

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Joseph H Noland

Certificate of Death

Died at Town Bron County Cecil Co MARYLAND

Date 189 9 Month June Day 27 Age Y. 63 M. 3 D. Native of Md Occupation Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife Rebecca Miller

Father's Name Benoni Noland Mother's Name Jane Miller

Cause of Death Primary Softening of brain How long sick 4 yrs

Immediate Paralysis 43 Accident, Suicide, Homicide

Reported by D L Gifford

Address Broad Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name In Full

Certificate of Death

Edwina Owens

Died at Town Perryville County Cecil MARYLAND

Date 189 Month 7 Day 15 | Age Y. 8 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Leslie Owens

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Atlas 7-22

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Samuel Reynolds

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Date 1899 Month July Day 23 | Age Y. 84 M. — D. | Native of Am. | Occupation

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 9

Husband of Wife Susan Reynold's 96

Father's Name Henry Reynolds Mother's Name Mary Reynolds

Cause of Death: Primary Acute Parenchymatous Nephritis How long sick 6 mos.

Immediate Acute Uremia & Exhaustion ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E. S. Rowland

Address Liberty Grove Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Mrs Emma H Rodgers

Died at Town New Valley County Cecil MARYLAND

Date 1899 Month July Day 29 | Age Y 29 M. D. | Native of U S | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~ None

~~Husband~~ Wife of Chas W Rodgers

Father's Name Robert Michell Mother's Name Carrie Mitchell

Cause of Death { Primary Gastric Ulcer of Stomach 80 How long sick

Immediate Exhaustion from want of nourishment Accident, Suicide, Homicide

Reported by E. S. Rowland

Address Liberty Grove Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full William Simmons

Certificate of Death

Died at Port Deposit (Town) Cecil (County) MARYLAND

Date 1897 Month July Day 11 | Age about Y. 72 M. D. | Native of U. S. | Occupation Rafthouse

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Lewis Knox

Mother's Name Lewis Knox

Cause of Death: Primary Heart Disease

Immediate 57

How long sick 3 days

~~Accident, Suicide, Homicide~~

Reported by H E Clemmons

Address Port Deposit Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Infant Smith

Died at Town: Jacksontown — County: Cecil — MARYLAND

Date 1899 — Month: 7 — Day: 11 | Age: Y. 1 M. 7 D. | Native of: Md | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: Jas. Smith | Mother's Name: Nellie Smith

Cause of Death — Primary: Eclampsia 121 | How long sick: Some time

Immediate: Progressive Cardiac Anaemia | ~~Accident, Suicide, Homicide~~

Reported by: L. G. Taylor

Address:

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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